

Dental insurance

Travis County, FY2021 Dental Plan Options

Effective October 1, 2020

Cost per Month	United Dental Care of Texas, Inc. Prepaid DHMO 189	Sun Life Assurance Company of Canada Basic PPO	Sun Life Assurance Company of Canada Enhanced PPO
Employee Only	\$11.98	\$23.21	\$36.29
Employee + 1 Adult	\$19.26	\$44.14	\$72.54
Employee + 1 Child	\$19.26	\$44.14	\$72.54
Employee + 2 or more children	\$25.84	\$72.70	\$113.50
Employee + 1 Adult + 1 Child	\$25.84	\$72.70	\$113.50
Employee + Family	\$30.22	\$93.65	\$149.79

Dental coverage is optional. This means that it is 100% employee-paid with no County contributions.

Type of Service	United Dental Care of Texas, Inc. Prepaid DHMO 189	Sun Life Assurance Company of Canada Basic PPO	Sun Life Assurance Company of Canada Enhanced PPO
	Provider based on fee schedule	Provider fees are subject to Maximum Allowable Charge	Provider based on Usual & Customary Rates
Calendar Year Deductible per person	\$0	\$50	\$50
Calendar Year Deductible per family	\$0	\$150	\$150
Calendar Year Maximum	No Maximum	\$1,500	\$2,000
Preventive Services Routine oral exams, routine cleanings, fluoride treatment (frequency limitations may apply)	100% no copay x-rays are preventive (frequency limitations apply)	100% co-insurance Benefits paid for Type I Preventive Services will not be applied to the Calendar yearly Maximum	100% co-insurance Benefits paid for Type I Preventive Services will not be applied to the Calendar yearly Maximum
Restorative Services (Type II Basic) Fillings, all other x-rays, simple extractions	Various copayment amounts that you will pay based on what service is performed	80% co-insurance (you pay 20%)	80% co-insurance (you pay 20%)
Major Services Crowns, bridgework, dentures, oral surgery, extractions, endodontics (root canals, etc.), periodontics (treatment of gums), implants	Various co-pay amounts based on what service is performed Implants are not covered on DHMO	50% co-insurance (you pay 50%)	50% co-insurance (you pay 50%)

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Orthodontic Services (braces)	Employee co-pay amounts \$300 Bracketing, \$2,000 child, \$2,200 adult	50% co-insurance, up to the Orthodontic Maximum \$0 deductible	50% co-insurance, up to the Orthodontic Maximum \$0 deductible
Orthodontic Maximum	No Maximum	\$1,000	\$1,000
Additional information	You must select a plan Dentist to receive services. Except for certain specialty dental services, all services must be performed by this selected plan dentist. When you enroll for benefits, treatments you receive from your selected plan Dentist will be provided at reduced fees called co-payments.	This plan allows employees to have access to the Sun Life Dental Network® PPO providers and take advantage of their fee discounts. Dentists participating in the network have agreed to discount their usual fees and will not balance bill patients the difference between what they usually charge and the agreed upon discount for services covered by the plan.	This plan allows employees to have access to the Sun Life Dental Network® PPO providers and take advantage of their fee discounts. Dentists participating in the network have agreed to discount their usual fees and will not balance bill patients the difference between what they usually charge and the agreed upon discount for services covered by the plan.
		Treatment is available from dentists who do not participate in-network, but their fees are subject to a Maximum Allowable Charge (MAC). A MAC is the most we will pay per procedure to non-participating dentists. In addition to any deductible and coinsurance amounts, the patient is also responsible for fees in excess of the MAC.	Benefits are paid at the negotiated fee level for in network providers. Benefits for services from out-of-network providers will be paid at the 90th percentile of the amount charged by the majority of dentists in the area.
		The allowable amount for non-participating dentists is based on 45% off the 80th percentile of usual and customary.	
Vision Discount Services	Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan. You can call VSP at 1-800-877-7195 if you need assistance.		

Plan frequencies, limitations, exclusions and waiting periods apply.

These dental plans do not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

Limitations & Exclusions – For PPO Plans

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in your certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Limitations & Exclusions, Termination—For Prepaid Plan

We will not pay a benefit for any Dental procedure or service not specifically mentioned in the Copayment Schedule (including any hospital or outpatient care facility cost associated with any dental procedures). Any dental service listed in the Copayment Schedule incurred prior to Member's Effective Date or after the Member's termination is not covered, except as provided in the Orthodontia Services Section of the Copayment Schedule. Services provided by non-Plan Providers are not covered unless the service is specifically provided in the SPECIALTY DENTIST SERVICES section of the Copayment Schedule or for Medically Necessary and Emergency Services specifically provided in the EMERGENCY SERVICES Article of the Evidence of Coverage. Fixed or removable prosthetics are subject to a 5 year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider's normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities are not covered. Plan Benefit payments for Non-Plan Specialty Dentists, as provided in the NON PLAN SPECIALTY DENTIST SERVICES Section of the Copayment Schedule, are limited to a total of \$2,000 per calendar year. Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

The prepaid dental Overview is preliminary to the issuance of your plan documents. Refer to your Evidence of Coverage for details. Receipt of this Overview does not constitute approval of coverage. In the event of a discrepancy between this Overview and the Evidence of Coverage, the terms of the Evidence of Coverage will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.



Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Prepaid dental products are provided by United Dental Care of Texas, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA), under Form Series UDC-09-GDSA-TX.

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